

## **Program B: Payments to Public Providers**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2003-2004. Objectives may be key or supporting level. The level of the objective appears after the objective number and before the objective text.

Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document. Performance indicators may be key, supporting, or general performance information level. Key level is indicated by a "K" in the "Level" column of the standard performance indicator table. Supporting level is indicated by an "S" in the "Level" column of the standard performance indicator table. General Performance Information indicators appear in tables labeled as General Performance Information.

Proposed performance standards do not reflect the most recent budget adjustments implemented by the Division of Administration during development of the FY 2003-2004 Executive Budget. Rather, proposed performance standards indicate a "To be established" status since the agency had insufficient time to assess the full performance impacts of the final Executive Budget recommendation. As a result, during the 2003 Legislative Session, the agency will seek amendments to the General Appropriations Bill to identify proposed performance standards reflective of the funding level recommended in the Executive Budget.

DEPARTMENT ID: 09 - Department of Health and Hospitals  
 AGENCY ID: 09-306 Medical Vendor Payments  
 PROGRAM ID: Program B: Payments to Public Providers

1. (KEY) To ensure that at least \_\_% of eligible KIDMED screening recipients due for a screening receive KIDMED services through outreach efforts.

Strategic Link: This objective implements Goal II, Objective II.2 of Program A & B, Medical Vendor Payments, of the revised strategic plan: To ensure that 61% of eligible KIDMED screening recipients due for a screening receive KIDMED services through outreach efforts.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Other Link(s): Blueprint for Health: The DHH plan for improving health care in Louisiana, now known as the Blueprint for Health is linked to Medical Vendor Administration as follows: Goal III: *Expand CommunityCARE statewide.*

Healthy People 2010: Linkage to Healthy People 2010 is through Goal 1: *Improve access to comprehensive, high-quality health care services.* 1-4 *Increase the proportion of persons who have a specific source of ongoing care.* 1-5 *Increase the proportion of persons with a usual primary care provider.*

Explanatory Note: KIDMED is Louisiana's name for the preventive health screening program under the Federally mandated Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program for Medicaid children under the age of twenty-one. Medicaid children may be linked to a KIDMED provider who is responsible for preventive care and referrals for diagnosis and treatment for those children. Preventive care includes periodic screenings, immunizations, lab work and age-appropriate educational information. Medical screenings, vision, hearing and dental screenings are included in the KIDMED program. The KIDMED program is designed for prevention or early detection of illnesses and other conditions which will help ensure the health of the child, improve quality of life and reduce long term medical costs.

At the initiation of the KIDMED Performance Indicators, objectives and data were based on the HCFA 416 report which is an annual report that delineates number of eligible children, number of expected and completed screenings, as well as various other figures related to the Early Periodic Screening, Diagnostic and Treatment Program. This annual report must adhere to strict formulas and calculations set forth by HCFA which is now referred to as Centers for Medicare and Medicaid Services (CMS). These federal requirements have changed, rendering the HCFA 416 unsuitable for performance reporting.

The Objective and Performance Indicators for KIDMED will now be based on a new report which will provide a more accurate data base from which to report performance. **Please Note: The new report will in no way be related to the HCFA 416 report and cannot be compared to it as different logic and calculations go into each report.**

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
2258	K	Number of KIDMED enrolled recipients who received at least one medical screening <sup>1</sup>	180,101 <sup>3</sup>	136,882 <sup>3</sup>	151,616	186,304	180,715 <sup>4</sup>	To be established
2260	K	Percentage of KIDMED enrolled recipients who received at least one medical screening <sup>1</sup>	61% <sup>3</sup>	39% <sup>3</sup>	50%	50%	50% <sup>4</sup>	To be established
13906	S	Number of KIDMED enrolled recipients <sup>1</sup>	Not applicable <sup>2</sup>	Not available <sup>2</sup>	303,233	372,609	361,431 <sup>4</sup>	To be established

- <sup>1</sup> KIDMED enrolled recipients are defined as the unduplicated number of Medicaid children that are linked to a KIDMED provider. KIDMED medical screening is defined as a medical screening performed by a KIDMED physician or nurse according to the KIDMED periodicity schedule and limited to the four KIDMED medical screening codes reimbursable to KIDMED providers by Medicaid.
- <sup>2</sup> This indicator did not appear in Act 12 and therefore there is no performance standard.
- <sup>3</sup> The result of the implementation of CommunityCARE and additional LaCHIP eligibles statewide is the infusion of huge numbers of KIDMED enrolled recipients on a staggered basis as CommunityCARE becomes operational on their phased-in schedule. Figures for performance indicators will reflect the large increases in the KIDMED population. Population figures will increase dramatically, however the percentage of KIDMED screenings is expected to initially drop dramatically due to a delay that we expect between the actual enrollment in KIDMED and the time it takes for a physician to schedule and complete a screening. It is expected that year-end figures will more accurately reflect the progress of the percentage of the screenings. Target values will be estimated on the number of additional KIDMED and LaCHIP recipients to be enrolled per parish or area per scheduled time frame. Quarterly targets may need to be adjusted throughout the year to compensate for variations in the implementation plan that come about as the plan is unrolled. This figure is based on the number of KIDMED enrolled recipients in FY 2000-2001 plus the estimated additional children resulting from LaCHIP and CommunityCARE.
- <sup>4</sup> The figures for FY 03-04 were adjusted downward by 4%. This is due to fluctuation in the screening program as parishes are being rolled out for CommunityCARE and the providers need for additional time to schedule and screen the recipients being linked to them.

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GENERAL PERFORMANCE INFORMATION:						
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
12041	Number of screening eligibles who should receive at least one initial or periodic screening	314,148	Not available	Not available	422,550 <sup>1</sup>	354,866 <sup>1</sup>

<sup>1</sup> Corrected figures. FY 2000-2001 was previously reported as \$248,065. FY 2001-2002 was previously reported as \$136,882.